

Instructions on back

CACFP Center Number	
---------------------	--

1. **Name of Sponsoring Organization**

Sponsor Phone #	
Center Name	
Center Phone #	
Center Address	
City	Zip
County	

2. **Federal Tax Status of Center** (Check one)

☐ For-Profit ☐ Nonprofit

3. **Type of Center** (Check one)

☐ Child Care Center ☐ School Age Child Care
☐ Head Start ☐ Emergency Shelter

4. **Age range of enrolled children:** _____

5. **Type of Approval** (Attach copy)

☐ Licensed/Registered ☐ License Exempt
☐ Military ☐ School

6. **Participant Data**

By visual appearance, using your best judgment, count the number of children in each category at this center and report these numbers below.

Racial/Ethnic Category	Number of Children	For State Use Only Census Data
Alaskan Native or American Indian		
Asian		
Black or African American		
Hispanic or Latino		
Native Hawaiian or other Pacific Islander		
White (not of Hispanic origin)		
Other		
Total		

7. Estimate the number of enrolled children in each of the reimbursement categories:

Free	Reduced	Paid	Total

8. **Hours open:** From _____ To _____

Hours open on School Vacations & Weekends: From _____ To _____

Days open:

Mon	Tue	Wed	Thu	Fri	Sat	Sun

Months open:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

9. **What is the plan for meal preparation?** (Check all that apply)

☐ A. Prepared at this center
☐ B. Prepared at Sponsor's central kitchen
☐ C. Purchased from a local school system
☐ D. Purchased from a food service company
☐ E. Purchased from a food service company as part of an umbrella contract
☐ F. Other _____

10. **Meal Service:**

Meal Served	Usual Service		School Vacation/Weekend Schedule
	Number of Children Served	Time Meal Served	Time Meal Served
Breakfast			
AM Snack			
Lunch			
PM Snack			
Supper			
LN Snack			

11. What is the name of the elementary school children would attend if they lived next door to the center?

School Name & Address	
-----------------------	--

12. I certify this information is correct to the best of my knowledge.

Print name of person in charge of this center on a daily basis _____

Title _____

Signature _____

Date _____

This form is to be completed for each day care center, outside school hours program and emergency shelter caring for children under 13 years of age. You may also include (a) children of migrant workers 15 years of age and under, (b) children in emergency shelters 18 years of age and under or (c) mentally or physically disabled persons in a center that serves a majority of persons 18 years of age or under. Each license/registration or location is considered to be a separate center.

INSTRUCTIONS FOR COMPLETING DOH-3682

The number of each instruction corresponds to the numbered questions on the form that may need clarification.

4. Enter the age range of the children enrolled at the center. If the center provides snacks and/or suppers to teens age 13-19, a DOH-4154 must be completed.
6. Federal civil rights laws require that each center provide this information.
7. Refer to the CACFP Income Eligibility Guidelines to estimate the number of children in each of the reimbursement categories.
- 9B. *Prepared at the Sponsor's central kitchen.* Meals for the center are prepared at the Sponsor's kitchen and delivered to this center.
- 9D. *Purchased from a food service company.* The meals served are purchased from a food service company, caterer, restaurant, hospital, etc.
- 9E. *Purchased from a food service company as part of an umbrella contract.* An example of an umbrella contract might be an afterschool program on a college campus. The campus is under contract with a food service company and the contract includes all food service operations on that campus.
- 9F. *Other.* If your food preparation method is not described in the options listed above, explain your specific situation.
10. Identify which meals are served at the center on a daily basis and school vacations/holidays/weekends, if different. On the line next to the meals that have been checked, enter the number of children usually served daily and the time the meal is served. Reimbursement may only be claimed for **two** meals and **one** snack or **two** snacks and **one** meal per child per day. Emergency shelters may serve up to **three** meals (breakfast, lunch and supper) or **two** meals and **one** snack per child per day.
12. **This application must have the original signature of the person in charge of this center on a daily basis.**

FOR STATE USE ONLY

Date eligible for CACFP: _____

Eligible At Risk Yes ☐ No ☐

Meals approved to be claimed
For children under age 6: _____

At Risk Verification:
BEDS No. _____

For children age 6-12: _____
(school days)

At Risk Expiration Date: _____

(non-school days)

Approved for:

Eligible for shifts Yes ☐ No ☐

At Risk Snack ☐ At Risk Supper ☐

Eligible for seconds Yes ☐ No ☐

10 Month (Sep-Jun) ☐ 12 Month ☐

Staff Initials: _____

Date: _____

Comments: _____
